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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>143</u>	
District of <u>San Carlos</u>	ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>675</u>	
Town of <u>" "</u>		Local Registrar No. <u>" "</u>	
or			
City of <u>" "</u>			
2. Full name of child: <u>Betty Bates</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Female</u>	4. Twin, triplet or other <u>No</u>	5. Legitimate? <u>Yes</u>	6. Date of birth <u>10 14 1923</u>
7. No. in order of birth <u>1</u>		8. If child is not yet named, make supplemental report, as directed.	
9. Residence (Usual place of abode) <u>San Carlos Ariz</u>		10. Residence (Usual place of abode) <u>San Carlos Ariz</u>	
11. Color or race <u>4/4 Indian</u>		12. Color or race <u>4/4 Indian</u>	
13. Age at last birthday <u>33</u> (Years)		14. Age at last birthday <u>21</u> (Years)	
15. Birthplace (city or place) <u>Arizona</u>		16. Birthplace (city or place) <u>Arizona</u>	
17. Occupation <u>Farmer</u>		18. Occupation <u>Housewife</u>	
19. Number of children of this mother (a) Born alive and now living <u>1</u>		20. Were precautions taken against ophthalmia neonatorum? <u>No</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>(P)</u> m. on the date above stated.			
(When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.)		Signature <u>C. H. Sawyer M.D.</u>	
Given name added from supplemental report		Address <u>San Carlos Arizona</u>	
Month, day, year.		Filed <u>11-3</u> 19 <u>23</u>	
Registrar.		Local Registrar. <u>C. H. Sawyer M.D.</u>	
		County Registrar. <u>J. A.</u>	

222-1014-535